

# EXHIBIT A



CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES

## DEPARTMENT OF PUBLIC HEALTH

3052022116205

## CERTIFICATE OF DEATH

3202219026084

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) <b>JOHN</b>		3. LAST (Family) <b>ALANIZ</b>	
2. MIDDLE <b>JOSEPH</b>		4. DATE OF BIRTH mm/dd/ccyy <b>01/25/1988</b>	
5. AGE Yrs. <b>34</b>		6. SEX <b>M</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (at Time of Death) <b>NEVER MARRIED</b>	
13. EDUCATION—Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES <b>MEXICAN</b> <input type="checkbox"/> NO	
16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) <b>PACIFIC ISLANDER</b>		7. DATE OF DEATH mm/dd/ccyy <b>05/04/2022</b>	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED <b>AIRFORCE AIRCRAFT MECHANIC</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>MILITARY</b>	
19. YEARS IN OCCUPATION <b>4</b>		20. DECEDENT'S RESIDENCE (Street and number, or location) <b>3857 WEST 182ND STREET</b>	
21. CITY <b>TORRANCE</b>		22. COUNTY/PROVINCE <b>LOS ANGELES</b>	
23. ZIP CODE <b>90504</b>		24. YEARS IN COUNTY <b>20</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>SANDRA LANI KIRKMAN, MOTHER</b>	
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST <b>CARLOS</b>		29. MIDDLE <b>LOPEZ</b>	
30. LAST (BIRTH NAME) <b>ALANIZ</b>		31. BIRTH STATE <b>CA</b>	
32. NAME OF FATHER/PARENT—FIRST <b>SANDRA</b>		33. MIDDLE <b>LANI</b>	
34. LAST (BIRTH NAME) <b>AKANA</b>		35. BIRTH STATE <b>CA</b>	
36. DISPOSITION DATE mm/dd/ccyy <b>05/17/2022</b>		37. PLACE OF FINAL DISPOSITION <b>RES CARLOS LOPEZ ALANIZ</b>	
40. TYPE OF DISPOSITION(S) <b>CREMATE/RESIDENCE</b>		41. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
42. LICENSE NUMBER <b>FD1293</b>		43. SIGNATURE OF LOCAL REGISTRAR <b>MUNTU DAVIS MD</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>O'CONNOR MORTUARY</b>		45. DATE mm/dd/ccyy <b>05/17/2022</b>	
101. PLACE OF DEATH <b>ST. FRANCIS MEDICAL CENTER</b>		102. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Home/LTC <input type="checkbox"/> Other	
103. COUNTY <b>LOS ANGELES</b>		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>3630 E IMPERIAL HWY</b>	
105. CITY <b>LYNWOOD</b>		106. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
107. CAUSE OF DEATH Enter the chain of events—diseases, injuries, or complications—that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>(A) DEFERRED</b>		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. CAUSE OF DEATH Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>(B) DEFERRED</b>		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. CAUSE OF DEATH <b>(C) DEFERRED</b>		112. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
113. CAUSE OF DEATH <b>(D) DEFERRED</b>		114. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
115. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>		116. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>	
117. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		118. SIGNATURE AND TITLE OF CERTIFIER <b>EVONNE R-JACKSON</b>	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>EVONNE R-JACKSON, DEP CORONER</b>		120. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>EVONNE R-JACKSON, DEP CORONER</b>	
121. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		122. INJURY DATE mm/dd/ccyy <b>05/16/2022</b>	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)</b>		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)</b>	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) <b>125. LOCATION OF INJURY (Street and number, or location, and city, and zip)</b>		126. SIGNATURE OF CORONER / DEPUTY CORONER <b>EVONNE R-JACKSON</b>	
127. DATE mm/dd/ccyy <b>05/16/2022</b>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>EVONNE R-JACKSON, DEP CORONER</b>	
STATE REGISTRAR <b>A</b>		FAX AUTH.# <b>CENSUS TRACT</b>	

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

\* 003608024 \*

OCT 12 2022

Health Officer and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE